



HOSPICE

Service Card 2024



This document has been drafted with the collaboration of the Head of the Structure, the Sole Administrator, the working staff and also thanks to the precious collaboration of the Patients who, through their suggestions, are fundamental for the improvement of the Hospice.



VILLA ARDEATINA

Introduction

Nice Guest,

below we are pleased to present our “Service Card”, a tool that allows us to share and improve the quality of the service offered, designed and aimed at protecting the rights of citizens in the service provided. The “Villa Ardeatina” Motor Rehabilitation Center wants to create a relationship of dialogue and collaboration closer and closer with the Guest; its aim is the improvement of the quality of the service offered, making it not only more efficient, but above all more able to respond to the different needs of those who use it.

Thus, our goal is to provide a qualified hospitality characterized by the humanity of all those who, in different qualifications, work in our structure. The Charter of Services is therefore thought for Patients with the aim of informing about the benefits the structure can offer them as far as their both physical and psychological welfare are concerned. The Charter was written according to what the Prime Ministerial Decree (Presidential Council Decree Ministers) 19th May 1995 established and in agreement with the indications contained in the guidelines for the preparation of corporate acts of the Region.



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1. Mission

Palliative care is active, total care of people whose underlying disease no longer responds to specific treatments, through:

- ❖ The totality of therapeutic intervention not limited to the control of physical symptoms, but extended to psychological, relational, social and spiritual support, with a high level of specialist assistance.
- ❖ The enhancement of the resources of the person and his family.
- ❖ The multiplicity of the figures involved in the treatment plan.
- ❖ Full respect for the autonomy and values of the person.
- ❖ The formation of a care network in the area that is strongly integrated with hospitals and social services, which puts a real continuity of care.



Our treatment plan is aimed at guaranteeing the best possible quality of life for the sick person, keeping pain and other symptoms under control, paying attention to the psychological and social aspect, to offer an adequate response to the needs of the patient, respecting of its will and its principles.

Palliative care is in fact, according to the definition of the World Health Organization, "active care aimed at the physical, psychological, emotional, social and spiritual dimensions of the patient and his family, with the aim of improving the quality of life by offering an global and effective for the needs of the sick person ". This is why in the Hospice care is centered on the patient and, respecting his values, its main objective is to give meaning and meaning to every moment of his life.



2. Inspiring values

The care and assistance activity that takes place in the Hospice is addressed by some inalienable values that constitute as many rights for users, who are required to simply respect certain rules of coexistence.

The inspiring principles that are affirmed here are:

- ❖ the centrality of the guest and his personality with respect to each other operational need;
- ❖ the equality of all Guests with respect to the satisfaction of their needs and their needs, without any discrimination of any nature (physical, psychic, social, cultural, spiritual or religious and economic);
- ❖ the impartiality of all those who work in any capacity and with any role towards the patients hosted, or those who do so they will be;
- ❖ respect and continuity of the guests' lifestyle habits with the only limit of safety and the needs of other guests;
- ❖ the possibility of choosing the Guest with respect to hospitalization and presence in Hospice and with respect to services, both from the point of view both technical and professional;
- ❖ the participation of the Guest directly and indirectly (through know its representatives) to improve the quality of performance and organization.



The Hospice is intended for the hospitality of patients suffering from irreversible pathologies, in an advanced and rapidly evolving phase, for which any therapy aimed at healing or stabilizing the pathology is neither possible nor proportionate. It also proposes to give relief to families by offering itself as a temporary residential replacement, making both the family and the network of friends participate in the care plan.

In the commitment to obtain the best possible quality for the sick, it is considered essential to respect the autonomy, dignity and the right to receive truthful answers, allowing the choice between different possible alternatives of care and always trying to personalize the assistance according to the characteristics, needs and desires of each one.

The Hospice aims to facilitate the return of the sick to their home, the place deemed most suitable for palliative care, but also to relieve families when at home there are not only the conditions necessary to deal with the conditions of the sick person.

The Hospice favors the presence of the family next to the hospitalized relative and, always taking into account the patient's wishes, provides clear, continuous and as unambiguous information as possible on his state of health, enabling him to participate in the care project.



3. Operation objectives

Information:

- ❖ All patients and their families are provided with information clear and correct on the therapies that can be carried out e on how to use the House.
 - ❖ Each patient and family member will be given the service card e upon discharge, a letter signed by the House Doctor addressed sent to the General Practitioner containing clarifications ed information on therapies carried out and post discharge treatment sion.
- The Hospice is equipped and makes available to guests who wish to derive the Charter of the Rights of the sick.

Personalization:

- ❖ A personalized care plan is prepared for each patient multi-professional team that takes into account the testing environment of the family and clinical situation. Said assistance plan must be prepared in the integrated patient's file within 24 hours from its entry.
- ❖ Every sick person and family member can count on attentive listening to their parents needs and on individual accompaniment.
- ❖ There will be support from volunteers carefully selected and trained and possible individual interviews by the operators and the psychologist.

Confort:

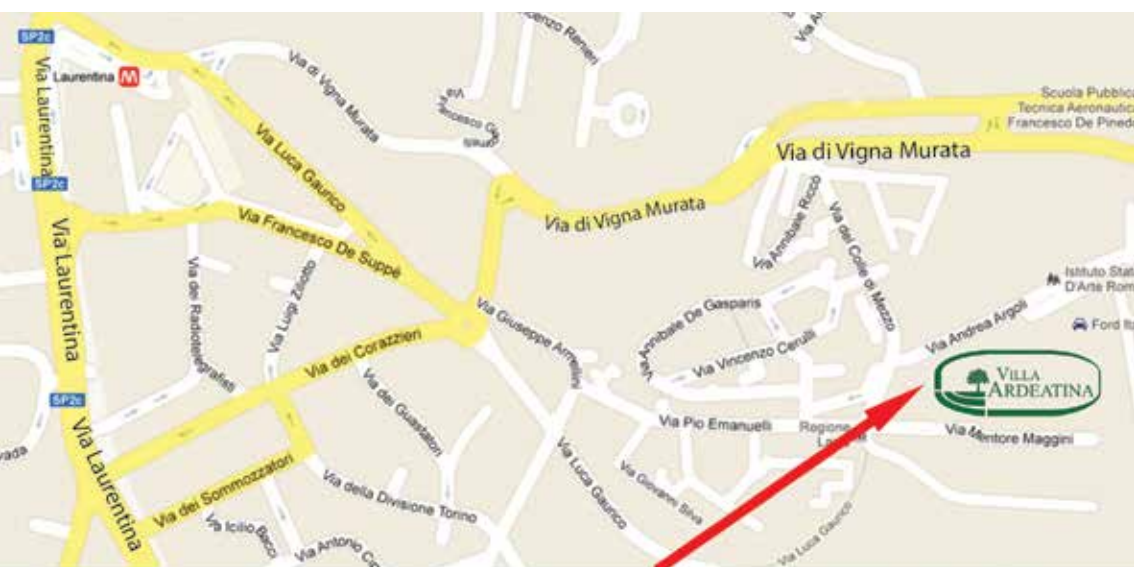
- ❖ The best hospitality is offered to the sick and their families, so that their stay in the Hospice can be as familiar as possible.
- ❖ Each patient has a single room with bathroom available, complete with bed linen, telephone, television, air conditioning and sofa bed for a family member or companion. The personalization of the room with personal items is favored.
- ❖ The assistance activities, including cleaning the room, are carried out respecting the habits and rhythms of the person.

Guests have access to an herbal tea room, a large and bright living room-lounge. A prayer chapel is available to guests. Respect for all religious confessions is ensured. All environments are used without time limit. Visits from family and friends are free. Visitors are invited to observe the ban on smoking inside the Hospice and to behave respectfully towards others.

A special "Satisfaction Questionnaire" is delivered at the exit.

4. Structure

The Hospice “Villa Ardeatina”, property of Villa Ardeatina S.r.l., is in Rome in Via Mentore Maggini n.51 (area Laurentina – Vigna Murata), and it is considered a genuine green oasis in the heart of Eur. The Structure can be reached by public transports Atac 721, 762, 765 and by the Subway B Laurentina from which Station Termini, Piramide and Viale Marconi-EUR are easily reachable. Car’s path: the ones who come from G.R.A. can take exit n. 24 Ardeatina or n. 25 Laurentina.



Via Mentore Maggini, 51 (Zona Laurentina - Vigna Murata)

The accommodation capacity of the Hospice business consists of a single core of 10 beds.

For the Hospice activity, the complete arrangement and renovation of the premises located on the 3rd floor, surrounded by a terrace offering enchanting views of Rome and its surroundings, was carried out.

The nucleus consists of 10 single rooms, each equipped with adequate furnishings and a toilet, which allow a companion to stay overnight and the rooms themselves to be personalized.

Since the Hospice is located within the structure of the Nursing Home, the Guests will be able to use all the common spaces, such as those corresponding to the general and support areas, including those of the mortuary, a space for the mourners, chapel for worship, rooms for administrative and warehouse use.

General services (food, laundry, ironing, etc.) are contracted out to external firms.

The entire structure is equipped with a medical gas system and the material and equipment for emergency management will be placed inside the Hospice.

A 24-hour medical service is guaranteed, also making use of the services already operating within the entire structure.

The Hospice is organized in such a way as to guarantee the psychological and relational well-being of the person and his family, environmental comfort, safety in the use of spaces, protection of privacy and easy accessibility. The Hospice is a highly specialized place with regard to the management of physical and psychological symptoms, and where the patient is considered primarily as a person. It is at the same time a comfortable environment in which individual and personalized rooms, and the creation of welcoming spaces for guests and family members, allow respect for privacy and attention to basic needs. A place where the psychological needs of safety and belonging to one's own family are protected, as well as being friendly, guaranteeing high quality assistance and authentic human relationships, essential to promote the maintenance of a dignified quality of life.



5. Medical staff

The treatments, in order to keep in mind the person as an individual and not just the sick person, are provided by a multidisciplinary team made up of doctors, nurses, care workers, assisted by a psychologist and the contribution of the social worker. Furthermore, the team is an exceptional opportunity for on-the-job training that allows you to discuss and investigate issues and critical issues that emerged from daily work.

Medical staff

The health manager, a doctor specialized in Palliative Medicine and Pain Therapy, is in charge of supervising all health aspects and provides 36 hours a week. The treating doctors have the therapeutic responsibility of the patient and take care of the relationship with family members. Doctors are guaranteed availability day and night, weekdays and holidays.

Non-medical health personnel is composed of:

- ❖ Nursing coordinator: manages the organization and assistance nursing by coordinating the staff (nurses and operators assistance) in carrying out their duties.



- ❖ Nurses: they take care of the sick in every need, assistance and relational, also taking care of educating and accompanying family members.
They are present in Hospice 24 hours a day, weekdays and holidays.
- ❖ Social and health workers (OTA-OSS): they collaborate with the nurse in carrying out social and health tasks such as caring for person: tidying up of linen and cleaning of patient rooms.
They are present in Hospice 24 hours a day, weekdays and holidays.
- ❖ Psychologist: he is a reference and support figure for all operators and contributes to the analysis of the most complex care situations. It is available for individual interviews with both patients and family members. It also deals with the ongoing training of volunteers.
- ❖ Physiotherapist: his intervention aims at the quality of life of the patient cured or not cured of cancer in order to resume normal living conditions as much as possible, limiting the deficit physical, cognitive and psychological and by enhancing their residual functional capacities.
- ❖ Social worker: contributes to the analysis of social needs and social assistance that occurs with the hospitalization of affected people from terminal illnesses and immediate planning and implementation of all the necessary interventions.

The meeting and comparison between all team members for a multidisciplinary and global assessment is considered a fundamental way to ensure qualified assistance. It is precisely in this integration of different contributions, yet competing for the same purpose, that the “added value” of assistance within the Hospice consists.

For this purpose, it is also essential that each professional operates on the basis of the role they cover and always in full and mutual respect for the interlocutor.

The way of relating between the individual operators, the form, the attitude are not negligible for a profitable team work. Let's say more: the mode. Shape. They are part of the content, they are substance. The entire team meets every week, but there is a daily check of the intervention program by the operators present.

A meeting is periodically scheduled to analyze and discuss the most complex situations from an emotional-relational point of view in order to support the operators.

6. Continuity - Welfare integration

The Individual Care Plan (P.A.I.) pays attention to the path prior to entering the Hospice and to the needs of the person in cases of return home or transfer.

If the patient comes from home and has had the support of the volunteers, they continue to follow him also in the Hospice.

As at home, the volunteers take care of only one family unit, even if the proximity and contact in the structure with other sick people and family members, sometimes requires a wider availability.

The training course of the volunteers, including permanent training - fortnightly group meetings with psychologist and coordinator - is identical for both experiences (home and Hospice), inter alia interchangeable and this non-separation facilitates the comparison and exchange between the two. welfare realities.

General Practitioners have free access to the Hospice.



7. Hospice service

Access mode

Reporting: requests for hospitalization can be sent to the Hospice by the General Practitioner, the Hospital Doctor or the Joint Physician of the Health Authorities involved in the provision of Palliative Care.

The request for taking charge is evaluated by the Hospice Manager and sent by the Coordinator to the U.V.M. of the Roma C Company for the authorization to take charge, in relation to the patient's suitability and inclusion in the specific care setting.

The coordinator contacts the patient's family to communicate the response from the U.V.M. and inserts the name in the waiting list. The priority for access to the Hospice is not limited only to the chronological criterion of the request for assistance, but is based on a series of variables concerning the needs of the person concerned and the family context. The person will still be followed by the home services network and will have a response to the request submitted from the Hospice team.

Reception modalities

The operational management of the hospitalization activity in the Hospice is entrusted to the coordinator of the Hospice and in her absence to a nurse delegate; these will ensure immediate clinical care, ascertaining the patient's condition from a general point of view. The nurse and the doctor contribute together in the first phase of determining the needs by updating the provisional care plan to be proposed to all the Hospice staff which will later be confirmed and redefined during the briefing and team.

The P.A.I. (Individual Care Plan) is updated daily following the briefing between the various professionals involved in patient care and the weekly team in which all health personnel at the Hospice are required to participate in order to discuss the solutions of any problems that may arise, verify the objectives achieved and determine those to be achieved in the medium and long term. An indispensable tool for recording and verifying the results are the integrated medical record and team minutes.

Care plan programming

The organization of work is oriented, as anticipated, to the patient's needs with the drafting of an Individual Care Plan. The use of the integrated medical record formulated and elaborated expressly for the type of our patients contains, together with the manual of procedures and protocols, everything that, as a working tool, we intend to treat during the hospitalization of the terminally ill:

- ❖ Emergency management
- ❖ Treatment and management of the signs and symptoms of cancer patients (dyspnoea, vomiting, constipation, incontinence, loss of appetite, pain, fear, compression ulcers, prolonged bed rest, panic anticipatory etc.)
- ❖ Basic and advanced care (end of life care)
- ❖ Management of infusion routes (CVC, CVP, CSC), infusion pumps
- ❖ Accompaniment to death
- ❖ Care of the body

All personnel contribute to achieving the pre-established objectives.

Accompaniment to death and mourning

Assistance to the dying is agreed upon within the multidisciplinary team, given the complexity of the problems, especially psychological and deontological, that it can assume.

The group of nurses, given the frequency and intensity of contacts with the dying person, counts on the support of other professionals, first of all the doctor and the psychologist, discussing and establishing by mutual agreement the essential principles to be followed, in interest and in respect of the higher quality of life desired for the client.

The needs of the person in the terminal phase are not different from those of any patient, but in the dying person they are more intense and their satisfaction cannot be postponed over time. For this reason, care planning is based not only on the state of health and the satisfaction of physiological needs, but also and above all on those of safety, love, consideration and self-fulfillment.

The goal of assistance in this phase of life is to offer the patient an atmosphere in which a peaceful death is possible, in which he is free from pain while remaining conscious and possibly also able to communicate.

The commitment of the Hospice operators is also to support the relatives of the terminally ill in this phase, both at the time of death and in the process of mourning (a particular emotional state that could be experienced not only at the time of the loss of the joint but also previously).

All the operators present have the skills and competences to recognize the stages of mourning and dying.

Discharge

Resignations are always “protected”. When conditions permit and / or the person so desires, the patient can be discharged for home.

In any case, the resignations are planned in advance with:

- ❖ the sick
- ❖ family members
- ❖ the competent home assistance service
- ❖ the General Practitioner
- ❖ the U.V.M. of the ASL RM2 company.

Upon discharge, both the medical and nursing resignation letter is delivered, complete with clinical-assistance information, therapy in progress, and the necessary medical aids at home.

Medical records

To improve, optimize and standardize the level of care, a medical record is used that evaluates the patient in its complexity and also measures the level of psychological stress of the family unit.

8. Home Hospice

In addition to the Hospice activity in a residential regime, the structure provides home-based activities for n°. 40 patients.

The activity is carried out by a team able to provide the necessary support to the patient and his family unit in the various aspects of the disease. Personalized multidisciplinary assistance, at the home of each patient and constant medical availability 24/24 h. for 365 days a year, they configure our assistance as a real home hospitalization. A logistic service also ensures the availability of drugs and aids necessary for patient care directly at home.

The Home Palliative Care service sees a synergistic role of the Hospice with general practitioners, with hospital doctors and with the health and social districts of the ASL.

Each one, with their own professionalism, contributes to guaranteeing home care which includes both the health and social care aspects. To assist their relative in the final phase of life, the family must be supported not only by the general practitioner who remains the fundamental figure, but also by an organization capable of guaranteeing continuity of care and health both day and night, with a nursing and medical availability over 24 hours.

In the Individual Care Plan (P.A.I.), formulated for each patient, the accesses for each professional figure are determined and the staff in charge interact daily with the family to assess the adequacy of the same to the problems present.



9. Public Relations Office (U.R.P.) Reports, complaints and suggestions

The Public Relations office, located within the Structure, is operational from Monday to Friday at the following times:

- ❖ Monday from 11:30 to 13:00
- ❖ Tuesday from 09:00 to 11:00 and from 15:00 to 17:00
- ❖ Wednesday from 09:00 to 12:00
- ❖ Thursday from 2:00 pm to 4:30 pm
- ❖ Friday and Saturday from 10:00 to 12:00

Guests have the opportunity to make suggestions or make complaints during or after hospitalization. The reports will be useful to understand any problems and activate improvements in the service. The health manager and the coordinator are always available to listen carefully and to give an initial response. Alternatively, sick people and family members can send a letter to the management, which will provide a response within 15 days.

An anonymous evaluation questionnaire with space for personal observations is also delivered upon discharge or possibly sent home with a return request.



10. Protection of safety and health of patients and workers privacy and environmental protection

Protection of worker safety

The Hospice implements, in accordance with Legislative Decree 81/08, the protection of the safety and health of workers through the preparation of the risk assessment document and the adoption of the prevention and protection measures provided for by the assessment itself.

Fire safety procedures have been developed which include periodic exercises and evacuation simulations. The structure has a fire-fighting system in accordance with the law with signs in order to highlight the various routes in case of emergency.

Privacy protection

Villa Ardeatina S.r.l., owner of the processing of personal data, has applied all the measures provided for by Legislative Decree no. 196 of 30 June 2003 and subsequent amendments and in particular those governed in the Security Policy Document.

To protect the correct processing of personal data and in application of the U.E. 679/2016 and the National Legislation on the processing of personal data, no clinical information on patients is provided by telephone.

Respect for privacy is guaranteed by staying in single rooms.

To guarantee the confidentiality of health information, a copy of the health documentation is issued personally to the patient or to his / her delegate.

All operators, including volunteers, are required to maintain professional secrecy and to comply with current legislation.



11. Quality sistem

The Quality Management System defines the ways of planning, implementing and verifying the quality of the services offered to the Patient at the time of reception in the Structure and during his stay. Compliance with the Quality Standards is guaranteed by Villa Ardeatina S.r.l. through the direct monitoring of instrumental, welfare and service factors. These standards essentially concern the characteristics and methods of providing services, with particular attention to those specific organizational aspects that are more easily perceived by the patient. Among them, the detection of the degree of patient satisfaction is of particular importance. In this way the Patient is allowed to interact concretely with the Structure for the satisfaction of their health needs. The quality standards of the service are checked at least every six months and brought to the attention of the Structure.

The Hospice delivers a Questionnaire to the patient or his family at the time of discharge, to express the level of satisfaction and offer the possibility to report possible improvements. Furthermore, the participation and protection of the Patient is also guaranteed by the possibility of filing any complaints that may arise during the stay. The patient may submit a complaint by reporting to the U.R.P. which can be verbal, telephone or written on plain paper.



Quality Indicators

Area: Right to Information / Humanization (1 of 2)

PROCESS	OBJECTIVE	FORMULA	COLLECTION MODE DATA SOURCE
The checks on the satisfaction of the user provide positive findings	Percentage of answers with judgment global of Very Satisfied $\geq 85\%$	Processing statistics of questionnaires distributed to patients and outpatient	Administration of the questionnaire and processing statistics
The structure yes undertakes to answer for registered with complaints introduce yourself by the user in 30 days from receipt	Monitoring quarterly of reports, aimed at individuation of shares of improvement	Number of complaints to which the structure has answered within 30 days from receipt/ total number of complaints received	Registration of complaints about appropriate framework summary ed processing of the same
The structure performs periodically for each service the detection of waiting time necessary for obtain performance requests	Percentage of services monitored 100%	No. of requests monitored monthly	Report summaries

Area: Right to Information / Humanization (2 of 2)


PROCESS	OBJECTIVE	FORMULA	COLLECTION MODE DATA SOURCE
The property has studied one specific consent informed and made it applicable in all services concerned	Percentage 100% guaranteed	Percentage of services where yes apply the consent informed	Periodic reports
All the staff of the structure which is direct contact with the user is wearing tags identifiers	Percentage 100% guaranteed	Number of employees that wear i tags identifiers / number of verified	Verifications inspections internal
The structure implements a sistem of protected resignations which guarantees to Users not self-sufficient continuity welfare after discharge	Percentage 95% guaranteed	Number requests escaped from Social service / number requests presented by Users	Report by of the Service Social

Area: Hotel Services

PROCESS	OBJECTIVE	FORMULA	COLLECTION MODE DATA SOURCE
Each User of the Departments of hospital stay can get availability of a telephone	Percentage 100% guaranteed	Number of Users of the Departments of hospitalization that they got the phone/ number of Users of the Departments of hospitalization that it they requested	Inspection checks internal
All inpatients on a free diet have full knowledge of menus and possibilities of choice between at least two options for each component of the list	Percentage 100% guaranteed	Requested by part of personal	Verifications of proposed menus by the Direction Sanitary
Structure guarantees meals customized second need therapeutic and / or which require dietetic products	Percentage 100% guaranteed	Number of special diets provided /Number diets special requests	Scheduled verification of the Management Sanitary
Presence of a signage external and internal adequate e constantly updated	Percentage 100% guaranteed	Number of reports of inadequacy by the users	Report of reports received from the URP

Area: Quality

PROCESS	OBJECTIVE	FORMULA	COLLECTION MODE DATA SOURCE
Certification	Maintenance of ISO 9001 Certification	ISO 9001 certificate of conformity issued	Possession of the certificate
Continuous improvement	Maintenance of certification requirements through periodic checks (at least once a year) at all services	Number of Internal Inspections performed during the year	Inspection Report
Continuous improvement	Treatment and solutions of problems detected at company level	Number of corrective actions closed with verification of the effectiveness of the solution / No. of corrective actions carried out	Corrective action form



Quality

Training

The Management of the Clinic believes that TRAINING is an essential factor so that the care and accompaniment tasks can be carried out by operators with the highest degree of competence. Initiatives in this field are implemented in the ways of initial formation and ongoing formation.

The initial training of professional operators normally consists of the training course completed to obtain the necessary qualification to access the various professional profiles, supplemented by specific interventions prepared by the Hospice Manager.

Ongoing formation concerns:

a) updating initiatives aimed at specific categories of operators through the organization of internal courses and participation in external costs.

The planning of internal courses is made on a specific assessment of information needs.

b) activities aimed at keeping motivation alive, at verification of the work done, in comparison of experiences and emotions: these latter activities are carried out first of all with the frequency of weekly group meetings (team), but also with participation in any cultural initiatives and scientific conferences addressed to all professional Hospice operators.

For newly acquired staff, at least one month of coaching by a tutor is expected, in order to facilitate their operational insertion.



CORRECT AND CLEAR INFORMATION

Quality indicators	Quality standards
Welcome at the entrance	All the sick are welcomed by the staff specifically prepared
Documentation on the services provided	Upon entering the Hospice, the Charter of Services, the staff also is available for any clarification
Safety information	The specific floor plan is posted on each floor and the staff at the entrance, provide the instructions needed in an emergency
Identification of operators	Each health worker, except the two doctors, is identified with the name
Documentation in case of discharge	At discharge he is delivered to each patient complete discharge letter of clinical assistance information, of ongoing therapies, necessary medical aids for the domicile

RESPECT FOR TIME

Meal distribution times (personalized menu)	Breakfast: 8,00-9,30 Lunch: 12,00-13,00 Dinner: 18,00-19,00
Assistance activity hours and room cleaning	The schedules respect the rhythms of the sick person
Visits reception hours	The visits are free, there are no limitations hours and days. For night visits it is necessary forewarning
Average number of days needed to receive a copy of the folder clinic (from the date of the request)	From 4 to 7 days

RESPECT FOR DIGNITY

Quality indicators	Quality standards
Comfort delle camere di degenza	Ogni camera è completa di servizio igienico, biancheria per letto, telefono, televisore, aria condizionata, dispositivo di chiamata, luce individuale, su richiesta possibilità di personalizzare la stanza con oggetti propri
Cleaning frequency of the hospital rooms	One a day or more as needed
Frequency of linen changes	Whenever the need arises, but at least every two days
Identification of operators	Each health worker, except the two doctors, is identified with the name
Hairdresser availability, barber and podiatrist	Operators are available but it is allowed the entry of trusted operators of the patient after notifying the staff coordinator

PROFESSIONALISM

Equipment and qualification of the Medical Staff	Compliance with the standards set by the Region
Equipment and qualification of nursing, technical and assistance staff	Compliance with regional standards
Selection of healthcare personnel	Interview, evaluation, practice during the internship period, curriculum vitae
Updating of medical, nursing and social assistance staff	Weekly meetings, annual refresher / training course program

12. Information and Useful numbers

HOSPICE VILLA ARDEATINA

For telephone bookings and all information relating to the Center, please contact the switchboard at:

ph: 0651037

fax: 065043105 - 0651037507

e-mail: direzione@villaardeatina.it - info@villaardeatina.it



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